



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 12, 2006

FILE COPY

Kaddy Fyfe, Administrator
The Willows
898 S Meridian St
Blackfoot, ID 83221

Dear Ms. Fyfe:

On June 29, 2006, a complaint investigation survey was conducted at The Willows. The survey was conducted by Rae Jean McPhillips, R.N. and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00001361

Allegation #1: Unlicensed staff is filling insulin syringes and blister packing medications.

Findings: Based on interview and record review it was determined the identified unlicensed employee was filling insulin syringes and blister packing medications.

On 6/29/06 at 9:00 a.m., review of the identified employee's personnel record revealed that she was employed by the facility on 2/22/06. Further review of the employee's record revealed a resume that documented she had completed an "Associate Degree Practical Nursing" in 2004. Additionally, the resume documented the identified employee had worked at a medical clinic as a "C.N.A./L.P.N." from 2004 to 2005.

The record also contained a "Nurses Delegation" form, dated 4/13/06, that documented the facility's RN had delegated to the identified employee the capacity to fill bubble packs and insulin syringes. Included in the record was a "Medication Delegation" form dated 5/11/06 that was faxed from another facility, Apple Valley Residence. The "Medication Delegation" form was signed by the employee as an LPN.

The identified employee's personnel record did not contain a copy of a LPN license.

On 6/29/06 at 9:30 a.m., the facility's administrator stated the identified employee, who was hired by the previous administrator, was unlicensed and had been filling insulin syringes and medication blister packs. She stated that she reviewed the identified employee's personnel record on 5/11/06 and could not locate a copy of the employee's LPN license. She said she requested the employee to bring a copy of her LPN license by 5/12/06. When the employee failed to bring in a copy of her license, the administrator stated the employee was terminated on 5/13/06.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by terminating the identified employee.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script, appearing to read "Virginia Loper".

DEBBIE SHOLLEY

Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/slc

c: Virginia Loper, R.N., Supervisor, Residential Community Care Program